

**CONNECTICUT STATE DEPARTMENT OF HEALTH**  
Public Health Statistics Section - Hartford, Connecticut, U. S. A.

**Certified Copy of Death Record**

1. Full name of deceased ..... Vinton A. Erwin .....

2. Primary cause of death ..... Traumatic meningitis .....  
If death from violent cause state (1) means and nature of injury (2) whether accidental or homicidal

3. Duration ..... - ..... days

4. Secondary or contributory ..... Coma Exhaustion .....

5. Duration ..... - ..... days

Remarks .....

I certify that I attended the deceased in h..... last illness, and that the cause of death was as above stated.

Signature ..... Benja. W. White, M.E. .....  
Capacity in which he signs

Dated ..... - ..... 19..... Address ..... - .....

**Undertaker's Certificate**

1. Full name of deceased ..... Vinton A. Erwin .....

2. Place of death—town ..... Bridgeport ..... No. 91 Pelk Rock Ave. ..... Street, Ward .....  
If death occurred in hospital or institution give its name instead of street and number.

3. Number of families in house ..... - .....

4. Residence at time of death ..... Bridgeport, Connecticut .....  
Town State or Country

5. Occupation ..... Mechanic .....

6. Condition (state whether single, married, divorced or widowed) ..... married .....

7. If wife or widow, give name of husband ..... - .....

8. Date of death—year ..... 1893 ..... month ..... February ..... day ..... 12 .....

9. Date of birth—year ..... - ..... month ..... - ..... day ..... - .....

10. Age in years ..... 33 ..... months ..... 7 ..... days ..... 21 .....

11. Sex ..... Male ..... 12. Color ..... White .....

13. Birthplace—Town ..... Deep River, ..... State or Country ..... Connecticut .....

14. Father's name in full ..... James A. Erwin .....

15. Father's birthplace—Town ..... Westville, ..... State or Country ..... N.Y. .....

16. Mother's maiden name ..... Emily G. .....

17. Mother's birthplace—Town ..... Deep River, ..... State or Country ..... Connecticut .....

18. Place of burial ..... Mt. Grove Cemetery ..... Cemetery ..... - .....

19. Name of informant ..... - ..... Address ..... - .....

20. Was body embalmed ..... - ..... If so, name of embalmer ..... - ..... License No. .... - .....

Signature of Undertaker ..... - ..... Address ..... - .....  
(or Licensed Embalmer)

THIS CERTIFICATE RECEIVED FOR RECORD ON  
p. 223, record book of deaths

BY

REGISTRAR

1889-1893.

I certify that this is a true transcript of the information on the death record as recorded in this office.

Attest: ..... Registrar of Vital Statistics

Dated ..... Town of .....